Effective October 1, 2001									0	911	1785104			L
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN			
F	TOTAL CLAIM	S	Toolai	(Column 1) (Column 2)			1	TYPE					EN1	תו
FOR								RATE				TE	-	EE
			NUMBE	R FILED	NUMBER EXTRA			BASIC FI	EE 370.	⁰⁰ 0	RBASI	C FEE	74	0.0
	OTAL CHARG	EABLE CLAIMS	n	ninus 20=	*			X\$ 9=		o	R X\$	18=		
7	IDEPENDENT	CLAIMS		minus 3 =	*			X42=			ь X8	4=	1	
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT						+		` 			
.#	If the difference	e in column 1 i	s less than	zero enter	. "∩" in	columo 2	1	+140=		O	R +28	0=		t/max
						Column 2		TOTAL		Ol	R TOI	AL	L_	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY					THA	
	1		(Colun	EST	ST		SWALL	ADDI		SMA	\LL	ENTI		
EN		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONA		RA	ΓE	TIO	DDI- NA EE
200	Total	. 5	Minus	** 2	0	= /		X\$ 9=	/	OF	X\$1	8=		Ť
AMENDMEN	Independent	. 3	Minus	*** 3	}	= /		X42=	/	1	1	1_		-
_	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM				 		1	-		}-
1								+140=.		OR	+28	O=		
? * !/	\						,	TOTAL ADDIT. FEE	/	OR	ADDIT.	TAL. FEE		
		(Column 1)		(Colum		(Column 3)								
•		REMAINING AFTER		HIGHE	ER	PRESENT		DATE	ADDI-				AD	
Ę		AMENDMENT		PREVIO		EXTRA	1	BATE	TIONA FEE		RAT	٤	TION	NAL E
2	Total	* 5	Minus	** 2 5	0	=	2	X\$ 9=		OR	X\$18	3=	1	
AMENDMEN	Independent	. 3	Minus	***	3	=		X42=	1	7	X84	_		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT (CLAIM					OR		-	- /	
							L	+140=		OR	+280	=	_	
							А	TOTAL DDIT. FEE		OR	TO ADDIT. I	TAL		
		(Column 1)		(Columi		(Column 3)								
	A. C.	CLAIMS REMAINING		HIGHE: NUMBE	ER .	PRESENT	Γ		ADDI-				ADI	
1		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA		RATE	TIONAL FEE		RAT	E	TION FE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18	_	1 (2)	<u> </u>
	Independent	*	Minus	***		=	┢		 _					
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT C	CLAIM		F	X42=		OR	X84:	1		
16	Al						1	+140=		OR	+280	=		
' it	the "Highest Nur	nn 1 is less than th nber Previously Pa	id For" IN THI	S SPACE is le	ess than	20. enter "20 "	ΔΓ	TOTAL DIT. FEE		OR	TOT ADDIT. F			•
!! T	πe "Highest Nur he "Highest Num	mber Previously Pa ber Previously Pak	iid For" IN THI d For" (Total oi	S SPACE is le Independent	ess thar t) is the	n 3, enter "3," highest number		_	ropriate bo	•		نا کات		
		_		•			_							
V.	PTO-875 (Rev. 8/0	11)			GPO 2001	F	aten	and Tradem	ark Office, U	I.S. DEP	ARTMENT	OF C	OMME	RCF

Application or Docket Number

PATENT APPLICATION

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

TESSERA 3.0-188 DIV

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			11				ſ	RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			// minus 20=					X\$ 9=		OR	X\$18=	0	
	EPENDENT CL		/ minus 3 =		•			X40=		OR	X80=	6	
MUI	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+135=		OR	+270=	,	
* f	the difference	in column 1 is l	less than zero, enter "0" in colum			olumn 2		TOTAL		OR	TOTAL	710	
	Ci	LAIMS AS A	MENDED	- PAR	TII			•			OTHER	THAN	
		(Column 1)			mn 2)	(Column 3)		SMALL E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER 'AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDME	Total	10/2	Minus	/	FO	= /		X\$ 9=		OR	X\$18=		
AME	Independent		Minus		<u> </u>	-		X40=		OR	X80=	* * * * * * * * * * * * * * * * * * *	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=.		OR	+270=		
		Separate Se			1			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	· · · · · · · ·	
		(Column 1)			ımn 2)	(Column 3)			•				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	S. Marie	Minus'	**		=		X\$ 9=		OR	X\$18=	-	
AME	Independent		Minus	***	T OL 4114	=		X40=		OR	X80=		
9.7	ا م	NTATION OF MI	JETIPLE DEF	PENDEN	IT CLAIM			+135=		OR	+270=		
*			•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			ımn 2)	(Column 3)_	* *	•		*		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=	41	X40=		OR	X80=		
匚	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM			+135=		OR	+270=		
	If the entry in colu	ımn 1 is less than t	he entry in colu	umn 2, wr	ite "0" in c	olumn 3.	.	TOTAL		OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													